FLUSHING
Samuel - Paper - Course Bank"

Certification of Beneficial O	wner(s)		,,,,,	di - kares - Carant (DE
Legal Entity Information For a De		Account 1		
a Name of Legal Entity: Superb Motors Inc	•	Type; Con	orden	
b. Physical Address of Lagel Entity: 216 N	orthern Blvd, Gree	Neck, NY 15521 Tex ID #:	!	
c. Name of Individual Opening the Accoun	: Anthony Dee	Trile: CE	0	
Ownership Information				
 d. a List each individual or entity who dire relationship or etherwise, owns 25%. a if an individual's aggregate ownership. 	or more of the as	with business of the Level Enti	de betel vi	ove. should be listed.
Mame of Individual or Entity	% of Cumeralip	Name of Individual o	e Entity	% of Ownership
Anthony Deo	100%			
 If checked, ownership % is less than 2 Beneficial Owner Detail, For natural persons listed in (d) second Explain below any layers of Beneficial Individuals if their equity ownership is 	rd the following in a Ownership by i	dormation: Isting natural persons who own the Lagal Entity opening the s	SCHOOL STR.	
Beneficial Owner #1: Anthony Deo	·	Name of Entity: Superb M	otors Inc.	
% of Ownership: 100% Date of Birtis:		Title: CEO		
Address: 3 Saddia Ridge Road, Old West	busy, NY 11568	Sodel Security#:	_ ,	<u> </u>
Oriver's License # or Other ID:	<u> </u>	Passport # or other ID*.		
ssuing State or Country of ID: New Yor	k	ID Expiration Date:		=
Sensitial Cymer #2:		Name of Entity:		
% of Ownership: Date of Birtic	11	The For U.S. Persons	_	· · · · · · · · · · · · · · · · · · ·
Address:		Social Security #: For Hon-U.S. Persons		
Difver's License & or Other ID:		Passport # or other 10":		
lessing State or Country of ID:		to Expiration Date:		
Beneficial Owner #3:		Name of Entity:		
% of Ownership: Date of Birth:	1 1	Title:		
Address:		For U.S. Persons Social Becurity #:		
Oriver's License & or Other ID:		For Hon-U.S. Fersons Pessport # or other ID':		
Studen State or Country of IO:		ID Expiration Date:	1	1

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Comment status = Compan Back

The Company of the Co	<u></u>	
Ownership Information Continu	ied	
Beneficial Owner #4:	Name of Entity:	• " " " " " " " " " " " " " " " " " " "
% of Ownership: Date of Birt		
Address:	For U.S. Person Social Security #	
Oriver's Likerani# or Other ID:	For Non-U.S. Pe Passport 8 or oth	
sauing State or Country of IC:	ID Expiration Dat	in:
Management Information		
Any other individual who regularly pa	with significent responsibility for muna er (e.g. Chief Executive Officer, Chief F President, Vice President, Treasurer); of rionns similar functions.	oing the Legal Entity such as: inancial Officer, Chief Operating Officer,
Name: Anthony Dea	Title: GEO	
Address:		Date of Birth: 1 1
For U.S. Persons		ID Expiration Date: / /
For Hon-U.E. Persons Passport # or other ID and Country of Is		
Certification 2		
l, (name of natural person opening accordance is complete and correct. I agree to	uni), hereby untilly to the bust of my lon o notily the bank of any change in such	owiedge fiet the information provided information.
Name: Anthony Dec	Signeture: *	Date: 4/4/33
Recentication		
Recentification — 1 st I hereby certify the information above is:	complete and correct as of this date an	d agree to mally the Bank of charges.
Name: Anthony Des	Signature:	Dete: 4 / 18/23
Recentification — 2nd Instaby certify the information above is	complete and correct as of this date an	d agree to notify the Bank of changes.
Marine:	Signature: *	Dete: _ / _ /
	complete and correct as of this date an	d agree to notify the Bank of changes.
hereby certify the information above is		
heraby certify the information above is	Signature: X	Date:/
isosoby outify the information above is Verne: Verne Driv Upon Institi Cartification	Signature:X	Date: / /
lessby outily the information above is a viewe:	Signature: ^X	Date: / /

Rev. 05/18



Certification of Beneficial O	wner(s)			
Legal Entity Information For a D	eposit/Loan <i>F</i>	ccount Cartes	 	
e.Name of Legal Entity. Superb Molore Inc	.	Type: Corpor	بعار	
b. Physical Address of Legal Entity: 216 k	lothern Blvd, Grea	t Neck, NY 19021 Tax ID #:		
c. Name of Individual Opening the Accoun				
Ownership Information		The state of the s		
d. a List such individual or entity who din relationship or otherwise, owns 25% a if an individual's aggregate ownersh	or more of the ac	pulty interests of the Legal Entity i , even if the entity owns less than	25%, it	oys, should be listed.
Name of Individual or Entity	% of Ownership	Name of Individual or E	niity	% of Ownership
Anthony Deo	100%			
Transcription of the less than to	RM and mill he hi	sok		
Beneficial Owner Datail. For returni persons listed in (d) section before any layers of Benefic individuals if their equity ownership.	al Connership by I a 25% or more of	19 fWO Ofter Sposies (extract units)	W.K.	
Beneficial Owner #1: Anthony Deo		•		
% of Ownership: 100% Date of Birth		THE CEO	İ	
Address: 3 Saddis Ridge Road, Old Wes	thury, NY 11568	For U.S. Persons Social Security #:		
Oriver's License & or Other ID:		For Non-U.S. Persons Pessport # or other ID*		
issuing State or Country of ID: New Yo	rk	ID Expiration Date:		
Seneficial Corner #2:		Name of Entity:		
% of Ownership: Date of Birth		Tibe	<u> </u>	
		For U.S. Persons Social Security #:		J
Address:		For Non-U.S. Persons		
Oriver's License 8 or Other ID:		Pecsport# or other 10*:	7	7
tesuing State or Country of ID:		ID Expiration Date:	•	
Borneficial Owner PS:		Name of Entity:		
% of Ownership: Date of Birth:	11	Title: For U.B. Persons		
Admit		Social Security #:	<u> </u>	
Driver's License & or Other ID:		For Non-U.S. Persons Passport # or other 10":		<u> </u>
estuling State or Country of ID:		ID Expiration Date:		



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Ownership Information Cont	inued	and the state of t	
Beneficial Owner #4:		Name of Entity:	-
% of Ownership: Date of	Birth: 1	Title:	
Address:		For U.S. Persons Social Security #:	
Oriver's Libertue # or Other ID:		For Non-U.S. Persons Passport 6 or other ID':	
saving State or Country of ED:		ID Expiration Data:	1 1
Wanagement Information w			
This section cannot be left blank, if it Provide information for one individual An executive officer or sector main Managing Mamber, General Part Any other individual who requisity	deal with significant re- neger (e.g. Chief Exec- ner, President, Vice Pr	sponsibility for managing the I uitro Officer, Chief Firsmold (esident, Treasurer); or	Jegal Entity such as:
Name: Anthony Dec		Title: GEO	
Address:			Date of Birth:
Priver's License # or Other ID: For U.S. Persons Social Security #:		·	ID Expiration Date: / /
Personal & or other ID and Country o	of issuance":		
Passport # or other ID and Country of Continication			
Passport # or other ID and Country of Sertification (occupi) benebu perlify	to the bast of my knowledge any change in such informati	that the information provided on.
Passport # or other ID and Country of GET IT ICE ITOM , (name of natural passon opening a above is complete and correct. I agr	occupi) benebu perlify	any custings to encurascemen	On.
Pessport # or other ID and Country or CATHICELION , (name of natural pesson opening a above is complete and correct. I agn Verner, Anthony Dec	occumi), hereby certify se to notify the bank of Signature.	any change in enert hackmen	that the information provided ion. Date: 4 / 4 / 32
Passport # or other ID and County of Certification . (name of natural passon opening a above is complete and correct. I agricultural passon passon opening a sport in complete and correct. I agricultural Anthony Dec	occumi), hereby certify se to notify the benk of Signature: *	any change in elect ascendar	Defe: 4 / 4 / 32
Passport # or other ID and Country of Country Dec	occumi), hereby certify se to notify the benk of Signature. ²⁰ s is complete and com	any onerge in each machines	Defe: 4 / 4 / 32
Pessport # or other ID and Country of Cartific Stion (name of natural person opening a shove is complete and correct. I agriculture: Anthony Dec (2005) Infection Recontinued on -1st hereby certify the information above Name: Anthony Dec	se to notify the benk of Signatures. Signatures. Signatures.	any change in each machines	Dete: 4 / 4 / 23 o motify five Bank of changes. Date: 4 / (8/2)
Passport # or other ID and Country of Country Dec	Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature:	any origings in elect ascernant action of this date and agree to total action of this date and agree to	Dete: 4 / 4 / 23 o motify five Bank of changes. Date: 4 / (8/2)
Passport # or other ID and Country of Cartification. (name of natural passon opening a above is complete and correct. I agnitisms: Anthony Dec Recentification — 1st hereby certify the information above	Signature: X signature: X signature: X signature: X signature: X signature: X	any change in each section as act as of this date and agree to act as of this date and agree to	Dete: 4 / 4 / 32 o motify the Bank of changes. Date: 4 / (8/3) to notify the Bank of changes. Date: 1 /
Passport # or other ID and Country of Griff (Particular) (name of natural passon opening a above is complete and correct. I agricularly Dec. (Name: Anthony Dec. (Name: Anthon	Signature: X signature: X signature: X signature: X signature: X signature: X	any change in each section as act as of this date and agree to act as of this date and agree to	Dete: 4 / 4 / 32 o motify the Bank of changes. Date: 4 / (8/3) to notify the Bank of changes. Date: 1 /
Passport # or other ID and Country of Cartific (1911) (name of natural passon opening a above is complete and correct. I agricultural passon opening a above is complete and correct. I agricultural passon opening a above (1913) Name: Activity Dec (1914) Name: Activity Dec (1914) Name: Activity Dec (1914) Name: Activity Dec (1914) Name: Activity The information above (1914) Name: Recentification — 3 rd Increby certify the information above (1914)	Signature: Signat	any one pige in each assertion oct on of this date and agree to oct as of this date and agree to oct as of this date and agree to	Dete: 4 / 4 / 33 o notify the Bank of changes. Date: 4 / \(8 / 3 \) to notify the Bank of changes. Date: 1 /
Per Non-U.S. Persons Pessport # or other ID and Country of Country	Signature: Le complete and corre	any one pige in each assertion oct on of this date and agree to oct as of this date and agree to oct as of this date and agree to	Dete: 4 / 4 / 33 o notify the Bank of changes. Date: 4 / (8/3) to notify the Bank of changes. Date: / /

Rev. 05/16



Legal Entry Information For a	Depositicuan Ac		ar	ing ang managan ang managa Tanggan ang managan ang ma
a.Name of Legal Entity. Superb Motors	inc.	Type: Corpor	alion	
b.Physical Address of Legal Entity: 21	5 Northern Blyd, Great I	Neck, NY 11021 Tax ID #:		
c. Name of Individual Opening the Acco	ount: Anthony Dec	Title: CEO		
Ownership Information			and the second second	
 d. • List each individual or entity who relationship or otherwise, owns 2 • If an individual's aggregate owner 	5% or more of the equ	ity interests of the Legal Entity	listed abo	V 0 .
Name of Individual or Entity	% of Ownership	Name of Individual or	Entity	% of Ownership
Anthony Dec	100%			
if checked, ownership % is less that e. Beneficial Owner Detail. • For natural persons listed in (d) ne • Explain below any layers of Benefindividuals if their equity ownership	ecord the following infe ficial Ownership by its	ormation: ting natural persons who own e	intilies not ount.	ed in (d).Only list
Beneficial Owner #1: Anthony De	<u>:</u> 0	Name of Entity: Superb Mo	tors inc.	
% of Ownership: 100% Date of Bl		Title: CEO		
· ———		For U.S. Persons		<u> </u>
Address: 3 Saddle Ridge Road, Old V	estoury, NY 11068	Social Security#: For Non-U.S. Persons		
Driver's License # or Other ID:		Pessport # or other ID":		
fesuing State or Country of ID: New		ID Expiration Date:	:	
Sensificial Owner #2:	·	Name of Entity:		
% of Ownership: Date of Bi	ith: / /	Title		·
i .		For U.S. Persons Social Security #.		
Address:		For Non-U.S. Persons		
Driver's License # or Other ID:		Passport # or other ID*;		<u></u> -
Issuing State or Country of ID:		ID Expiration Date:	1	
Beneficial Owner #3:		Name of Entity:		
% of Ownership: Date of Bl	th: <u>1</u> 1	Title:		
		For U.S. Persons		
Address:		Social Security #: For Non-U.S. Persons	<u> </u>	
Driver's License # or Other ID:		Passport # or other ID*:		. <u> </u>
		ID Expiration Date:	1	I^{-n}
Issuing State or Country of ID:		in minimum nom.	<u> </u>	



Ownership Information Contin	nued						
Beneficial Owner #4;	·	Name o	f Entity:				
% of Ownership; Date of B		Title:					
Address:	· · · · · · · · · · · · · · · · · · ·		. Persons lecurity #:				
Oriver's License # or Other ID:		For No	n-U.S. Persons				
				1	1		
Issuing State or Country of ID:	· · · · · · · · · · · · · · · · · · ·	(D Expl	ation Date:	<u>'</u>			
Management Information		an engala da esperante de la companya da esperante de la companya da esperante de la companya da esperante de La companya da esperante de la companya da esperante de la companya da esperante de la companya da esperante d				14.	7
This section cannot be left blank. If the f. Provide information for one individu ☐ An executive officer or senior mens Managing Member, General Parine ☐ Any other individual who regularly r	ral with significant re ager (e.g. Chief Exe ar, President, Vice F	esponsibility cutive Office resident, Tre	for managing the Leg r, Chief Financial Off	al Entity such	25:		r,
Name: Anthony Dec		Title:	CEO				
Address:	·			Date of Bir	th:	1 1	,
Driver's License # or Other ID: For U.S. Persons Social Security #:				Expiration Da	ite:	<u> </u>	<u>'</u>
For Non-U.S. Persons Passport # or other ID and Country of	Issuance*:						
Certification (************************************			*******		****		
l, (name of natural person opening acc above is complete and correct. I agree	count), hereby certification to notify the bank :	y to the best of eny chapp	of my knowledge the e in such information	t the informel	ion pro	vided	
Name: Anthony Dec	Signature:	11	<u> </u>		te: 4	141	a :
Recertification							
Recertification — 1 st hereby certify the information above i	is complete and cor	rect as of thi	s date and agree to r	olify the Bani	of cha	inges.	
Name:	Signature:	K.		Da	te:	1 1	
Recertification – 2 nd I hereby certify the information above i	is complete and cor	rect as of th	s date and agree to r	otify the Bani	of cha	inges.	
Name:	Signature:	ĸ		Da	te:	1 1	ı ·
Recertification - 3 rd I hereby certify the information above i	s complete and cor	rect as of thi	s date and agree to r	offly the Ban	k of cha	anges.	
Name:	Signature:	K		Da	te:	1 1	,
Benk Use Only Upon Initial Certification				addinate a broad or			
Accepted by: * Kolit View	Deta: 04/04	4/2023	Masier Deposit Accou	est :			
Print Robert Fuccio	Cost Center#:	455	Master Loan #:				
In lieu of a passport number, Mon-U.S. persons overnment issued document avidencing nation	ality or residence and be	en identification suring a photogr sgc 2 of 2	cers number, or number aph or similar saleguard.	and country of is	SUBNCO	of eny of	tivar

Rev. 05/18

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Date: (402)								
ilusirase Nam	100	Superb Motors In	C.				Tex ID	
Nddrese		215 Northern Bive	d, Great N	leck, N	Y 11021			
Referenc	f		1	Account 1	itie / Accoun	it Subtite		Account #
1)2023040	401	Superb Motors Inc.				and the same of th		
2)								
3)	•		· · · · · · · · · · · · · · · · · · ·		er College (n. 1905) et en	entregistry and the transport of the contract	10	
1)	··········							
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ne undersigned entitler agrees to undersigned ach withdrawal, ERTIFICATION) find I am not a chup withinklich the U.S. person ERTIFICATION port al interest entiorement of iso see Part 3 eRTIFICATION PORTANT AC the or more form interest finder e or more form interest finder enthorize i mark, each agree that check or Mr. Under pe subject to be made and	the Benk is investigate credit of the undersigned is authorized and it the Benk will not such credit of the Benk will no mally of penjury, I carefy (1) it authorized to penjury, I carefy (1) it author writtensioning because: the FATCA code(s) entern TRONS: You must cross out the GATCA code(s) entern TRONS: You must cross out the care your tax neturn. For respectly, cancellation of debt, cuctions or similar declosure) respect carefy first all score PENNING INFORMATION: Facadion to fulfill this requirements.	and employing ized to make water mapowered to compare quies such audit fait the number (a) I am overing man or disector for this form and estate trans- contributions to contributions to contributions to the opening into cities it aw rect, ret. In some ins-	and history a forth access of the property of the charge this provided algo- about on the forth back, or (c) in (if any) indig you have be actions, dan an individual matter, pro- sings us to o tances we n	nd obtain report in the account for any obtains as are a plain form in my copy with a first in a my copy m	it and Privacy Notice and egree to its from consumer reporting agencials. It is consumer reporting agencials, based on this and any oracd Tappayer Identification Nation (b) I have not been notified by taking the first in the longer religious account from FATCA reporting in the IRS link you are currently subject, you are not required to sign if any one of the IRS link you are not required to sign if any one and conglete. Examption from normalion to verify your identity. It sources to confirm the information to verify your identity. It is not received to sign if the information to verify your identity.	y (ea) on them as ind immes owes to the B other agreements or their (or I am wating it the internal Revenue to backup withholding orrect. eat to backup withholding or Cartification for mo pyricinis other than in FATCA Reporting C Walmay ask yousers.	and, in order to make payment of restructions the Bank has on file for a number to be issued to mo Service (RTS) that I am subject to g; (3) that I am a U.S. citizen or ding became you have failed to rigging interest paid, acquisition terest and dividends.	
	Dete	a faa	Reference (7) All)# [] [1 2	Series alive a		
		4/23	D3	□ #	06	Signature		
gner#2 Ion-Owner Sole opiertorship)	Full Nam Date		Reference	# 01 04	□ 2 □ 5	X Reference 6		
gner#3 kin-Owner Sole ropiertorship)	Full Nem					Signature		
	Deta		Reference D Ali D 3	01 04	□ 2 □ 6	Reference #		
opiertorship) priestorship)	Fail Nam					Signature X Reference #		
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prer#s an-Owner ale piertorship)	Full Mann					Signature		
	Date		Reference CI All CI 3	# 1 1	[] 2 [] 6	Reference #		
heck this box if a Signature (eddocal Card sup	Signers are listed on addition eroudon and terminates	ng pages, stre Signati	ere Cardio	Page 1 of	and any related Signs	Ï	dume.

Account Signer Profile

Date: 4/4/23

First Name

Street / City / State / Zip

SSN

Email

No.	I	US	H	II	VG Ban	ì
Con	والعصما	Business	s = Casses	latraer -	Вап	ı

■ Business □ Personal					
Business Infori	mation				
Business Name Superb	Motors Inc.			Tax ID	Westweet and a second s
questions and to provide one	PENING INFORMATION: Federal Law re or more forms of Identification to fulfill to otacted by our Privacy Policy and Federa when for a business account.	his requirement in some instances.	nation to verify you we may use outs	ur identity. Y Ide sources	ou may be asked several to confirm the information: The
First Name	Middle Name	Lest Name		Occupat	ion
Anthony		Deo		CEO o	f Superb Motors Inc
SSN	DOR	Primary ID # and Ex NYDL	piration Date	Seconda	ry ID # and Expiration Date
Street / City / State / Zip 3 Saddle Ridge Road,	Old Westbury, NY 11568			Mother's	Maiden Name
Email		Home Phone	Business I	² hone	Cell Phone
anthony.deo@teamau	nto.com	NA	516-821	-2280	516-509-1668
First Name	Middle Name	Last Name		Occupat	ion
SBN	DOB	Primary ID # and Ex	piration Date	Seconda	ry ID # and Expiration Date
Street / City / State / Zip			·	Mother's	Maiden Name
Email		Home Phone	Businese f	hone	Cell Phone
First Name	Middle Name	Last Name		Occupat	on
SSN	ров	Primary ID # and Ex	piration Date	Seconda	ry ID # and Expiration Date
Street / City / State / Zip		<u> </u>		Mother's	Maiden Name
Email		Home Phone	Business f	hone	Cell Phone
First Name	Middle Name	Last Name		Occupati	ón
SSN	DOB	Primary ID # and Exp	olration Date	Seconda	ry ID # and Expiration Date
Street / City / State / Zip				Mother's	Malden Name
Email		Home Phone	Business F	hone	Cell Phone

For Sank Use Only
Account Number(s)

Information Obtained By (Print Name)

Signature

9990234591

Robert Puccio

Last Name

Home Phone

Primary ID # and Expiration Date

Occupation

Business Phone

Secondary ID # and Expiration Date

Cell Phone

Mother's Maiden Name

Middle Name

DOB

By completing and signing this form, I hereby certify, to the best of my knowledge, the information provided to me by the customer is complete and accurate.

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INTERNET GAMBLING NOTICE AND CERTIFICATION

Pursuant to the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, "restricted transactions" such as those in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful internet gambling, are prohibited. You certify that such transactions will not be conducted through your account at Flushing Bank. Please be advised that if Flushing Bank determines that your account is being used to engage in restricted transactions, we reserve the right to terminate your access to certain payment systems and/or close your account.

Anthony Deo				<u> </u>
	Customer N	ame		
CEO	, of	Superb	Motors Inc.	
Title (I.e. Pres., Sec.)	 ;;		Compar	y Nems
Company/Corporation/Partnership/LLC/Sole	Proprietorsh	p do here	by certify that I	he above named
Business entity does not engage in any type				
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			Signatu	<u>:</u>
			Signatu	1
			4/4/a	3
			Date	
•				
			Company of the Manager and	
FOR BANKUSE ONLY.				
Account(s) #:	Öngir	etrg Br &,	455	THE STREET OF THE STREET
	Acce	xed By:	Robert Pucc	io .
			 	(Print Name)

FIUSHING

Resolution of Authority | Flushing Bank **☑**ו □ c•••• Superb Motors Inc. Account Title: Telephone Humber: 516-821-2280 215 Northern Blvd, Great Nock, MY 11021 The graft (deal(s) signing this Resolution bereity certifies to Flenking Read. ("Read") that the Entity is (check one): A Bole Propulationship connect anterly by the intiriphal manage this Resolution, a duly fusion and valid existing. a General Partnership a United Partnership, a Service Award Trees organized by the Trustees of the and that the interstant algains that Resolution on En somethiny or magnitude segretary and the hospet of its records. 1 Limited Linkskip Partnership organized under the laws of the state of and that the individuals of paint this Resolution countries all of the general pertures of the perturbit graduat parameter of the parameters. Comparation doly organized and in good reaching under the laws of the state of NY or metalant secretary and the inoper of the records and corporate and, at any, and that the antividual aligning than Resolution is its secretary as University that an impact of his respectively and that the restration's argoing the Residuins is the keeper of the recents and seed, if may, In Hamiled Liability Company organized under the larm of the state of ________ and that the individuals arguing this Resolution countries all of the антивного от пильщега, на пригорализ собле сострыту. The following is a true and current copy of the resolutions adopted by the Bobby; such preclations are now in full three and affect. Departies; and Withdrawd Anthonication RESOLVED, that Rock is designated, adjust to Band's deposit screening such the finite of the limity may be deposited and for withdrawn by any (indicate manber) 1 of the persons fated below in the memory designated, adjust to Band's deposit screening agreement as the same may be assumed from time to take. The persons fated are authorized to uniform for uniform the memory between account at Bands, either behavior, may and all obserts, death, notes, tills of endance, classificates of deposit, and orders for the persons for the represent or insurer of many becomes account at Bands, address behavior, after behavior, is or common grits the posterior of the Kently, Endowmenth "for deposit," may be written or stamped. Bands may compare the many many materials but deposit in my deposit persons of the Kently without endowment or may trapply the indominant of life littly). The persons to designated are matherized to sign any and all charles, and orders charm against any designated accounts of the Builty (including arrang excessed) at Bank. Bank is sufficient and pay all charles, and orders when no signed or endowed without impury as to the incurrences of insure or deposition of the proceeds and repertises of in phose much maximum are payable or endowed, including these device or endowed to the individual arrives of any such person literit, even if doing so because or increases an overtical. TILE: PREST WALLEY TITLE: Adhery Dec 30 REPORIVED, that say 1 of the present initiated above is sufficient to set for sad or balaif of the Bristy in any smaller involving may of the Entity depository mountains about the highest to faster the account, is give instructions by means other flux the rigning of any flux with respect to account ensurant way there instructed to the contract that the contract the factories took, reposed, where transfer, or other widelessed of fluids by computer, absolute or other technologic means and in further anti-most or agreement. In the nature on the factories the factor of the present of the factories of the factories and the fluid of the fluid; or they of them so of the presents in advantage, confidence, confidence, or other decembers asked to the factories of the factories of the factories of the factories asked to the factories asked to the factories of the factories asked to the factories of the factories asked to the factories aske RESCUVED, that my 1 of the persons indicated below is authorized to act the and on behalf of the Builty to bount minutely and to other credit for the Builty from Half or such terms as may seem to actions and no make and deferer coses, during acceptance and any other skingulans of the Early therefore, increasing agreements and contacts, left in four satisfactory to Built, sad, as seemely therefor, to goods a memory interest in sad to saving, framely, hydrocasts, marriage, principles, being translated any states, as the make of the Early, to good a secondary interest in sad to saving, framely, principles, principles, being translate or may other property of every extens and description hald by or belonging to the Early, with full such only to endour, as tips or guarantee the same in the make of the Early, to account and deference to complete the same of the Early, to account and deference to complete the complete the same of the Early, to account the same of the Early by another or our supports of the Early to account to the same of the Early to account the same of the Early TILLE: TIFLE: FRINT NAME: CEO Survice Award Treet Authorization HEROK-VED that Brain may draw pariodic charles from its certail mass theric strough which will be finded, as required, foreign any of the Entity' depository scounds with Basic, to pay the entitioness sent to display participants as directed by an account signer methodscol by the Entity. These payments will not change and will continue such Basic in account of the Entity. HE IT FURTHER RESCULVED that the measury or sendant secretary (if a commence or universponded sesociation), the sole consequent that the sole consequence (if a note property of a partnership) is universal to execute the final the mass, the property of a partnership is universal to execute the perspect and main of these resolutions and electron of pursuance and faculation to easy of the purposes and main of these resolutions and of the account of the perspect and main of these resolutions and that the account is full from and effect until appears without other of speculars or medication is received by the main. If the authority contained became should be resulted or terminated by also acting other sects and all lower suffered to habitate instant by also acting other sects respectively or any such all lower suffered to habitate instant by also acting other sects respectively or any such all lower suffered to habitate instant by also acting other sects respectively or any such all lower suffered to habitate instant by also acting other sects respectively. IN WITNESS WHEREOF, the endersigned has hereunder inferrited blother state(s) and affined the seet, if my, of the French this A For Perturbing (all general pertures count sign) For Limited Excitally Company (all members see For a Service Award Treat, Corporation or Unincorporated Adjusteran or Organization For Sole Proprietorica Parting Mession Manager Create/Solo Propositor THE BAROT POLPROFIT BUSDAME Bearing Liver has Liberature The Residence superiors and terminates the resolution dated

Rev. 82/2023

CERTIFICATE OF INCORPORATION SUPERB MOTORS INC.

Under Section 402 of the Business Corporation Law

I, the undersigned, a natural person of at least 18 years of age, for the purpose of forming a corporation under Section 402 of the Business Corporation Law of the State of New York hereby certify:

FIRST:

The name of the corporation is:

SUPERB MOTORS INC.

SECOND:

This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD:

The county, within this state, in which the office of the corporation is to be located is NASSAU.

FOURTH: The total number and value of shares of common stock which the corporation shall have authority to issue is: 200 SHARES WITH NO PAR VALUE.

FIFTH:

The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the corporation served upon him or her is:

THE CORPORATION 15 LANCASTER STREET LYNBROOK, NY 11563

SIXTH:

No Director of this corporation shall be personally liable to the corporation, or its shareholders for damages for any breach of duty in such capacity, provided that this provision shall not limit the liability of any director if a judgment or other final adjudication, adverse to him, establishes that his act or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage, to which he was not legally entitled or that his acts violated Section 719 of the New York Business Corporation Law.

SEVENTH: The holders of any of the corporation's equity shares shall be entitled to preemptive rights in accordance with the provisions of BCL section 622.

I certify that I have read the above statements, I am authorized to sign this Certificate of Incorporation, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

KRISTIE L. DELONG (signature)

KRISTIE L. DELONG, INCORPORATOR BLUMBERGEXCELSIOR 236 BROADWAY MENANDS, NY 12204

Filed by:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 236 BROADWAY MENANDS, NY 12204

BLUMBERGEXCELSIOR CORPORATE SERVICES INC. (39)
DRAWDOWN
CUSTOMER REF# 353195

FILED WITH THE NYS DEPARTMENT OF STATE ON: 02/04/2021 FILE NUMBER: 210204010081; DOS ID: 5933755

ocument 11-9 Filed 08/20/23 Page 13 of 23 PageID #: 252 Case 2:23-cv-06188-JM₩



New York State Department of Motor Vehicles

THIS CERTIFICATE EXPIRES 04/30/25 7128150 FACILITY IDENTIFICATION NO.

Validation Date and Number: 03/23/23

90392

This person is REGISTERED AS A DEALER

pursuant to the provisions of the Vehicle and Traffic Law.

SUPERB MOTORS INC 215 NORTHERN BLVD GREAT NECK NY

11021



This document does not certify that this business complies with zoning and other local laws POST IN A CONSPICUOUS PLACE

/-81P (11/95)

Department of StateDivision of Corporations

Entity Information

Return to Results	Return to Search
Entity Details	*
NTITY NAME: SUPERB MOTORS INC.	DOS ID: 5933755
OREIGN LEGAL NAME:	FICTITIOUS NAME:
NTITY TYPE: DOMESTIC BUSINESS CORPORATION	DURATION DATE/LATEST DATE OF DISSOLUTION:
ECTIONOF LAW: 402 BCL - BUSINESS CORPORATION LAW	ENTITY STATUS: ACTIVE
ATE OF INITIAL DOS FILING: 02/04/2021	REASON FOR STATUS:
FFECTIVE DATE INITIAL FILING: 02/04/2021	INACTIVE DATE:
OREIGN FORMATION DATE:	STATEMENT STATUS: CURRENT
OUNTY: NASSAU URISDICTION: NEW YORK, UNITED STATES	NEXT STATEMENT DUE DATE: 02/28/2023 NFP CATEGORY:
anapic non Hew York, Dalies States	NET CALESCE!
ENTITY DISPLAY: THAT THE THE THE THE TRANSPORT	en e kraage eers oo AMBADA KAA Theer
Service of Process on the Secretary of State as Agent	
The Post Office address to which the Secretary of State shall r Secretary of State by personal delivery:	nail a copy of any process against the corporation served upon the
Name: THE CORPORATION	
Address: 15 LANCASTER STREET, LYNBROOK, NY, UNITED	STATES, 11563
Electronic Service of Process on the Secretary of State as age	
Libertonic Delivice of Frocess on the Decision of Ortale as age	THE POST CHARGE.
Onef Executive Officer's Name and Address	
Name:	
Address:	
Principal Executive Office Address	
	and the second s
Address:	
Registered Agent Name and Address	
Namė:	
Address:	
Entity Primary Location Name and Address	i i
ne de la transitation de la companya de la company La companya de la comp	
Name:	
Name: Address:	

Case 2:23-cv-06	3188-JMW Document 11-	9 Filed 08/20/23	Page 15	of 23 PageID #: 254
Farmcorpflag	energia e e energia de la compansión de la			
Is The Entity A Farm Corpora	tion: NO			
Stock Information				
Stare Velue	-Number Of Shares		Per Share	
NO PAR VALUE	-200.	\$0.00	000	



STATEMENT of **ACCOUNT**

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC. 215 NORTHERN BLVD GREAT NECK NY 11021-4401 Statement Begin Date: Statement End Date:

04/05/2023 04/30/2023

Account Number:

Save as PDF

CAS	н	М	ΔΝ	Δ	GE	М	ΕN	Т
		4.4			-			

9990234591

All Transactions by Date Date Description	Withdrawal / Debit - Deposit / Credi (-)	t (+)	Balance
04/04 Balance Forward			\$0.00
04/05 Deposit		\$0.00	\$0.00
04/10 Deposit	\$39,	39.41	\$39,939.41
04/15 Deposit	\$54,¢	93.78	\$94,033.19
04/22 Deposit	.\$20,6	00.00	\$114,633.19

Interest Rate Summary

Rate Date

0.00%

Account Summary

Previous Statement Date: 04/04/2023

Beginning Balance +

Deposits +

Interest Withdrawals -Paid -

Service Charge =

Ending. Balance

\$0.00

\$114,633.19

\$0.00

\$0.00 Avg Stmt Available Bal \$72,678.00

\$0.00

\$114,633.19

Minimum Balance \$0.00

Summary of Deposit Accounts

TYPE OF ACCOUNT Checking

ACCOUNT:

BALANCE \$114,633.19 INT-RATE% 0.00000%

YTD-INT \$0.00

YTD-PENALTY

MATURITY

Updated Account Terms and Conditions are now available on the Flushing Bank website. Please visit FlushingBank.com.



STATEMENT of ACCOUNT

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC. 215 NORTHERN BLVD **GREAT NECK NY 11021-4401** Statement Begin Date: Statement End Date:

05/01/2023 05/31/2023

Account Number:

Esave as PDF

CASH	MANA	GEME	VT.

9990234591

All Trans	actions by Date					
Date	Description		Withdrawal / Debit (-)	Deposit / Cred	it (+ <u>)</u>	Balance
04/30	Balance Forward					\$114,633.19
05/03	Deposit			\$16,0	00.00	\$130,633.19
05/05	Deposit			\$29,2	27,40	\$159,860.59
05/08	TRANSFER TO CK XX	XXXXXX8362	\$60,000.00-			\$99,860.59
05/09	Deposit			\$28,0	00.00	\$127,860.59
05/18	Deposit			\$9,5	00.00	\$137,360.59
05/23	Deposit			\$10,5	00.00	\$147,860.59
05/24	TRANSFER TO CK XX	XXXXXX8362	\$35,000.00-			\$112,860.59
05/29	TRANSFER TO CK XX	XXXXXX8362	\$20,000.00-			\$92,860.59
05/31	TRANSFER TO CK XX	XXXXXXX8362	\$30,000.00-			\$62,860.59
05/31	TRANSFER TO CK XX	XXXXXX8362	\$20,000.00-			\$42,860.59
Interest	Rate Summary					
	•	Date		Rate		
				0.00%		
Accoun	f Summary					
Previous	Statement Date: 04/	30/2023				
	Beginning Balance +	Deposits +	Interest Paid -	Withdrawals -	Service Charge =	Ending Balance
	\$114,633.19	\$93,227.40	• • • • • • • • • • • • • • • • • • • •	165,000.00	\$0.00	\$42,860.59
			Avg Stmt Av	ailable Bal \$124,0	137.69	

Minimum Balance \$42,860.59

Summary of Deposit Accounts

TYPE OF ACCOUNT Checking

ACCOUNT

BALANCE \$42,860.59 INT-RATE% 0.00000%

YTD-INT \$0.00

YTD-PENALTY

MATURITY

Take advantage of this great rate! A Flushing Bank 15 Month Consumer CD is now earning 4.60% APY (Annual Percentage Yield). With a minimum deposit of \$1,000 you can start earning one of the most competitive rates around. A penalty may be imposed for early withdrawal on CDs. Rate is effective as of 1/27/23 and is subject to change without notice. Open a 15 Month Flushing Bank Consumer CD today and start earning more!



STATEMENT O F ACCOUNT

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC. 215 NORTHERN BLVD **GREAT NECK NY 11021-4401** Statement Begin Date:

Statement End Date: Account Number:

06/01/2023 06/30/2023

Save as PDF

CASH	MANA	AGEM	ENT

All Transactions by Date

9990234591

Date	Description	Withdrawal / Debit (-)	Deposit / Credit (+)	Balance
05/31	Balance Forward			\$42,860.59
06/03	Deposit		\$5,000.00	\$47,860.59
06/09	TRANSFER TO CK XXXXXXXX8362	\$30,000.00-		\$17,860.59
06/10	Deposit.		\$14,500.00	\$32,360.59
06/12	TRANSFER TO CK XXXXXXXX8362	\$10,000.00-		\$22,360.59
06/13	Deposit		\$8,685.00	\$31,045.59
06/14	TRANSFER TO CK XXXXXXXX8362	\$10,000.00-		\$21,045.59
06/15	ZURICH NA SNAPSH CHASE PYMT		\$95,170.33	\$116,215.92
06/15	Deposit		\$15,000.00	\$131,215.92
06/20	Deposit		\$5,200.00	\$136,415.92
06/20	TRANSFER TO CK XXXXXXXX8362	\$60,000.00-	i	\$76,415.92
06/27	Deposit		\$9,100.00	\$85,515.92
06/28	TRANSFER TO CK XXXXXXXX8362	\$20,000.00-		\$65,515.92
06/30	TRANSFER TO CK XXXXXXXX8362	\$40,000.00~		\$25,515.92
Interest	Rate Summary			
	Date		Rate	
			0.00%	
Account	Summary			

Account Summary

Previous Statement Date: 05/31/2023

Beginning Balance + \$42,860.59

Deposits + \$152,655.33

Interest Paid -\$0,00

Withdrawals -\$170,000.00

Avg Stmt Available Bal \$65,432.43

Service Charge = \$0.00

Ending Balance \$25,515.92

Minimum Balance \$17,860.59

Summary of Deposit Accounts

TYPE OF ACCOUNT Checking

ACCOUNT

BALANCE \$25,515.92 INT-RATE% 0.00000%

YTD-INT \$0.00

YTD-PENALTY

MATURITY

Take advantage of this great rate! A Flushing Bank 15 Month Consumer CD is now earning 4.60% APY (Annual Percentage Yield). With a minimum deposit of \$1,000 you can start earning one of the most competitive rates around. A penalty may be imposed for early withdrawal on CDs. Rate is effective as of 1/27/23 and is subject to change without notice. Open a 15 Month Flushing Bank Consumer CD today and start earning more!



STATEMENT of ACCOUNT

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC. 215 NORTHERN BLVD GREAT NECK NY 11021-4401 Statement Begin Date:

07/01/2023

Statement End Date:

07/31/2023

Account Number:

Save as PDF

	GEMENT	

9990234591

All Transa	actions by Date					
Date	Description		Withdrawal / Debit (-)	Deposit / Credit	: (+)	Balance
06/30	Balance Forward					\$25,515.92
07/07	TRANSFER TO CK X	XXXXXXX8362	\$25,000.00-			\$515.92
07/24	Deposit			\$32,65	58.00	\$33,173.92
07/25	TRANSFER TO CK X	XXXXXXX8634	\$250.00-			\$32,923.92
07/26	TRANSFER TO CK X	XXXXXXX8362	\$30,000.00-			\$2,923.92
07/27	Deposit	•		\$13,00	00.00	\$15,923.92
07/31	TRANSFER TO CK X	XXXXXX8362	\$15,000.00-			\$923.92
Interest I	Rate Summary					
		Date		Rate		
				0.00%		
Account	Summary					
Previous	Statement Date: 06	/30/2023				= 5.35.1
	Beginning Balance +	Deposits +	Interest Paid -	Withdrawals -	Service Charge =	Ending Balance
	\$25,515.92	\$45,658.00	\$0.00	\$70,250.00	\$0.00	\$923.92

Minimum Balance \$515.92

Summary of Deposit Accounts

TYPE OF ACCOUNT Checking

ACCOUNT

BALANCE \$923,92

INT-RATE% 0.00000%

YTD-INT \$0.00

Avg Stmt Available Bal \$9,532.50

YTD-PENALTY

MATURITY

Take advantage of this great rate! A Flushing Bank 12 Month Consumer CD is now earning 5.00% APY (Annual Percentage Yield). With a

minimum deposit of \$1,000 you can start earning one of the most competitive rates around. A penalty may be imposed for early withdrawal on CDs. Rate is effective as of 6/28/23 and is subject to change without notice. Open a 12 Month Flushing Bank Consumer CD today and start earning more!